

10/512125

BEST AVAILABLE COPY

# PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2004

Application of Docket Number

10873,134345NO

## CLAIMS AS FILED - PART I

|   | (Column 1)   | (Column 2)   |
|---|--------------|--------------|
| TOTAL CLAIMS  |              |              |
| FOR   | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 8 minus 20 = |              |
| INDEPENDENT CLAIMS  | 1 minus 3 =  |              |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE ☐OR OTHER THAN  
SMALL ENTITY

| RATE      | FEE |
|-----------|-----|
| BASIC FEE |     |
| XS 9=     |     |
| X 44      |     |
| +150      |     |
| TOTAL     |     |

| RATE      | FEE |
|-----------|-----|
| BASIC FEE | 930 |
| XS18=     |     |
| X 88      |     |
| +300      |     |
| TOTAL     | 930 |

## CLAIMS AS AMENDED - PART II

|   | (Column 1) | (Column 2)                       | (Column 3)                         |
|---|------------|----------------------------------|------------------------------------|
| AMENDMENT A   | 10/20/04   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total   | 8          | Minus                            | 20                                 |
| Independent   | 1          | Minus                            | 3                                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                  |                                    |

SMALL ENTITY

OR OTHER THAN  
SMALL ENTITY

| RATE  | ADDITIONAL FEE |
|-------|----------------|
| XS 9= |                |
| X 44  |                |
| +150  |                |
| TOTAL |                |

| RATE  | ADDITIONAL FEE |
|-------|----------------|
| XS18= |                |
| X 88  |                |
| +300  |                |
| TOTAL |                |

|   | (Column 1) | (Column 2)                       | (Column 3)                         |
|---|------------|----------------------------------|------------------------------------|
| AMENDMENT B   |            | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total   |            | Minus                            |                                    |
| Independent   |            | Minus                            |                                    |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                  |                                    |

| RATE  | ADDITIONAL FEE |
|-------|----------------|
| XS 9= |                |
|       |                |
|       |                |
| TOTAL |                |

| RATE  | ADDITIONAL FEE |
|-------|----------------|
| XS18= |                |
|       |                |
|       |                |
| TOTAL |                |

|   | (Column 1) | (Column 2)                       | (Column 3)                         |
|---|------------|----------------------------------|------------------------------------|
| AMENDMENT C   |            | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total   |            | Minus                            |                                    |
| Independent   |            | Minus                            |                                    |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                  |                                    |

| RATE  | ADDITIONAL FEE |
|-------|----------------|
| XS 9= |                |
|       |                |
|       |                |
| TOTAL |                |

| RATE  | ADDITIONAL FEE |
|-------|----------------|
| XS18= |                |
|       |                |
|       |                |
| TOTAL |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

\* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.